		7 -10. 2023]		<i>-</i> L	
1 Date of Requ	REQUEST FOR PAT	ENT FEE REF	IND		
		2 Comi	tent #10	700	
3 Please refund	d the following fee(s	PAP	ER 5 DIE	/51753	5_
		NUM	BER 5 DAT	E 6 AMOUN	m
Amendment		/	12/13/8	94 \$ 100	<u> </u>
Extension	of Time			\$	-
Petition	Appeal/Appeal			\$	$-\parallel$
Issue				\$	\dashv
				\$	\dashv
Cert of Correction/Terminal Disc. Maintenance				\$	\dashv
Assignment				\$	\dashv
Other				\$	\dashv
		_		\$	$-\parallel$
		7 ТОТАТ		\$	\dashv
10 REASON:		7 TOTAL OF REI	LOND	\$ 187	1
		8 TO BE	REFUNDED BY	\$ 180	·
- Terpayment			Treasury Check		
Duplicate Pay	ment	CI	redit Depos	it A/C #	
No Fee Due (Explanation): No Fee Due (Explanation):					
				11247	
11 REFUND REQUESTED B					
TYPED/PRINTED NAME:	Y:				
SIGNATURE:	Johnson	· .			٠.
OFFICE:	Johnson	TIT	- IFWU	alegal	-
THIS SPACE RESERVED	**************************************	PHON	IE: <u>308</u>	-9140	
THIS SPACE RESERVED APPROVED:	FINANCE USE ONLY:	*****	*****	***	
				······································	
white and yellow copies to	n of this form appear on	h . !			
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Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B